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UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D.
SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTION

OMB AP	PROVAL
OMB Number:	3235-0076
Expires:	May 31, 2005
Estimated ave	rage burden
hours per form	

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Prefix		Serial
DA	TE RECEIV	'ED

Name of Offering (☐ check if the	his is an amendment and name has changed, and indicate	e change.)	
Integrated Memory Logic, Inc.	- Series C Preferred Stock		
Filing Under (Check box(es) that	apply): \square Rule 504 \square Rule 505	☑ Rule 506	ULOE
Type of Filing: 🗷 New Filing		111111111111111111111111111111111111111	
····de de	A. BASIC IDENTIFICATION I	DATA	
1. Enter the information request	ed about the issuer		
Name of Issuer (☐ check if the	his is an amendment and name has changed, and indicate	e change.)	AN
Integrated Memory Logic, Inc.		0500247	2
Address of Executive Offices	(Number and Street, City, State, Zip Code	e) Telephone Nu	
3425 S. Bascom Avenue, Suite 2	200, Campbell, CA 95008	(408) 558-3405	
Address of Principal Business Op	perations (Number and Street, City, State, Zip Code	e) Telephone Number (Including Area C	Code)
(if different from Executive Offic	es)		
Brief Description of Business			
	Semiconductor industry		PROCES-
Type of Business Organization			FEB 0 1 2000
☑ corporation	☐ limited partnership, already formed	□ other (please specify):	200 g 200E
□ business trust	☐ limited partnership, to be formed	(p	This
	Month	Year	FINA OUN E
Actual or Estimated Date of Inco	rporation or Organization: [1][2]	[9][5] Actual Estimated	"ANCIAI"
	Organization: (Enter two-letter U.S. Postal Service abbre		
_	CN for Canada; FN for other foreign jurisdiction)	[C][A]	
	or for Canada, 114 for other foreign jurisdiction)	[C][A]	

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

- ATTENTION-

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.



A. BASIC IDENTIF	FICATION DATA		
2. Enter the information requested for the following:			
• Each promoter of the issuer, if the issuer has been organized within the p			
• Each beneficial owner having the power to vote or dispose, or direct the	vote or disposition of, 10%	or more of a class of	equity securities of the
issuer;			
 Each executive officer and director of corporate issuers and of corporate Each general and managing partner of partnership issuers. 	general and managing partn	ers of partnership iss	uers; and
	₩ r	☑ Director	C. C
Check Box(es) that Apply:	Executive Officer	E Director	☐ General and/or Managing Partner
Eull Name (Leat name first if individual)			Wallaging Faither
Full Name (Last name first, if individual) Park, Yong E.			
Business or Residence Address (Number and Street, City, State, Zip Code)			
3425 S. Bascom Avenue, Suite 200, Campbell, CA 95008			
Check Box(es) that Apply: Promoter Beneficial Owner	☐ Executive Officer	☑ Director	☐ General and/or
Check Box(es) that Apply.	LACCULIVE Officer	E Director	Managing Partner
Full Name (Last name first, if individual)			Thursday, and the state of the
Chang, Herbert			
Business or Residence Address (Number and Street, City, State, Zip Code)			
3425 S. Bascom Avenue, Suite 200, Campbell, CA 95008			
Check Box(es) that Apply: Promoter Beneficial Owner	☐ Executive Officer	Director	☐ General and/or
			Managing Partner
Full Name (Last name first, if individual)			
Bourbon, Bruce			
Business or Residence Address (Number and Street, City, State, Zip Code)			
835 Page Mill Road, Palo Alto, CA 94304			
Check Box(es) that Apply: Promoter Beneficial Owner	Executive Officer	☐ Director	☐ General and/or
			Managing Partner
Full Name (Last name first, if individual)			
Chang, Shuen-Chin			
Business or Residence Address (Number and Street, City, State, Zip Code)			
3425 S. Bascom Avenue, Suite 200, Campbell, CA 95008			
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner	Executive Officer	☐ Director	☐ General and/or
<u>.</u>			Managing Partner
Full Name (Last name first, if individual)			
Chen, I-Ching			
Business or Residence Address (Number and Street, City, State, Zip Code)			
3425 S. Bascom Avenue, Suite 200, Campbell, CA 95008			
Check Box(es) that Apply:	☐ Executive Officer	☐ Director	☐ General and/or
		· · · · · · · · · · · · · · · · · · ·	Managing Partner
Full Name (Last name first, if individual)			
Telos Venture Partners, L.P.			
Business or Residence Address (Number and Street, City, State, Zip Code)			
835 Page Mill Road, Palo Alto, CA 94304	5 5 6 6		
Check Box(es) that Apply: Promoter Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or
F. 1131 (T			Managing Partner
Full Name (Last name first, if individual)			•
InveStar Semiconductor Development Fund, Inc.			
Business or Residence Address (Number and Street, City, State, Zip Code) Rm 1201, 12 F, 333 Keelung Rd., Sec. 1, Taipai, Taiwan, R.O.C.			
	T E Officer	D Dimenton	Compand and/an
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, if individual)			ivialiaging Faither
InveStar Burgeon Venture Capital, Inc.			
Business or Residence Address (Number and Street, City, State, Zip Code)			
Rm 1201, 12 F, 333 Keelung Rd., Sec. 1, Taipai, Taiwan, R.O.C.			
1, 12 1, 000 According 1501, 0001 1, Ampin, 1011, 101, 101, 101, 101, 101, 101, 1			

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Check Box(es) that Apply: ☐ Promo	ter 🗷 Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, if individual InveStar DaySpring Venture Capital,				
Business or Residence Address (Numb Rm 1201, 12 F, 333 Keelung Rd., Sec.	ber and Street, City, State, Zip Code)			
Check Box(es) that Apply:		☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, if individual Samsung Semiconductor, Inc.	1)			
Business or Residence Address (Numb 3655 North First St., San Jose, CA 95	• • •			
Check Box(es) that Apply: ☐ Promo	ter 🗷 Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, if individual Samsung Electro-Mechanics Co. Ltd.	1)			
Business or Residence Address (Numl #314, Maetan-3-dong, Paldal-gu, Suw				
Check Box(es) that Apply: ☐ Promo	ter 🗷 Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, if individua Super Net Holding Limited	1)			
Business or Residence Address (Numl 15F, No. 53, Ming Chuan W. Rd., Tai		,		
Check Box(es) that Apply: ☐ Promo	ter 🗷 Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, if individua Acecom, Inc.	1)			
Business or Residence Address (Numb 1178 Sonora Court, Sunnyvale, CA 9	ber and Street, City, State, Zip Code) 4086		•	
Check Box(es) that Apply: ☐ Promo	oter 🗷 Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, if individua Storm Ventures Fund II, LLC	1)			
Business or Residence Address (Num 2440 Sand Hill Rd., Suite 301, Menlo				
Check Box(es) that Apply: ☐ Promo	oter 🗷 Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, if individua C Squared Venture Capital, Inc.	1)			
Business or Residence Address (Num 8F, 301, Sec 2, Ti-Ding Blyd, Neibu I)		

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?	B. INFORMATION ABOUT OFFERING		
Answer also in Appendix, Column 2, if filing under ULOE. 2. What is the minimum investment that will be accepted from any individual? 3. Does the offering permit joint ownership of a single unit? 4. Einer the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of prochasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If innore han five (5) persons to be listed are associated persons of such a broker or states, list the name of the broker or dealer. If innore han five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only. Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Name of Associated Broker or Dealer States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States) [AL] [AK] [AZ] [AR] [CA] [CO] [CT] [DE] [DC] [FL] [GA] [H] [D] [M] [N] [N] [N] [N] [N] [N] [N] [N] [N] [N		Yes	No
2. What is the minimum investment that will be accepted from any individual? 3. Does the offering permit joint ownership of a single unit? 4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of no solicitation of the stock or of dealer, you may set forth the information for that broker or dealer only. Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Name of Associated Broker or Dealer States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States). Graph of the solicitation of the solici	1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?		Œ
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Name of Associated Broker or Dealer			
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Check "All States" or check individual States)	States in Which Person Listed Has Solicited or Intends to Solicit Purchasers		
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States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States)	Business or Residence Address (Number and Street, City, State, Zip Code)		
Check "All States" or check individual States)	Name of Associated Broker or Dealer		
Check "All States" or check individual States)			
Check "All States" or check individual States)	States in Which Person Listed Has Solicited or Intends to Solicit Purchasers		
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Business or Residence Address (Number and Street, City, State, Zip Code) Name of Associated Broker or Dealer States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States)	[AL] [AK] [AZ] [AR] [CA] [CO] [CT] [DE] [DC] [FL] [GA] [HI] [IL] [IN] [IA] [KS] [KY] [LA] [ME] [MD] [MA] [MI] [MN] [MS] [MT] [NE] [NV] [NH] [NJ] [NM] [NY] [NC] [ND] [OH] [OK] [OR]	[ID] [MO] [PA]	otates
Name of Associated Broker or Dealer States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States)	Full Name (Last name first, if individual)		
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(Check "All States" or check individual States) [AL] [AK] [AZ] [AR] [CA] [CO] [CT] [DE] [DC] [FL] [GA] [HI] [ID] [IL] [IN] [IA] [KS] [KY] [LA] [ME] [MD] [MA] [MI] [MN] [MS] [MO] [MT] [NE] [NV] [NH] [NJ] [NM] [NY] [NC] [ND] [OH] [OK] [OR] [PA]			
[AL] [AK] [AZ] [AR] [CA] [CO] [CT] [DE] [DC] [FL] [GA] [HI] [ID] [IL] [IN] [IA] [KS] [KY] [LA] [ME] [MD] [MA] [MI] [MN] [MS] [MO] [MT] [NE] [NV] [NH] [NJ] [NM] [NY] [NC] [ND] [OH] [OK] [OR] [PA]	States in Which Person Listed Has Solicited or Intends to Solicit Purchasers		
	(Check "All States" or check individual States) [AL] [AK] [AZ] [AR] [CA] [CO] [CT] [DE] [DC] [FL] [GA] [HI] [IL] [IN] [IA] [KS] [KY] [LA] [ME] [MD] [MA] [MI] [MN] [MS]	[ID] [MO]	States

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

1. Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box 🗵 and indicate in the columns below the amounts of the securities offered for exchange and already exchanged. Aggregate Amount Already Type of Security Offering Price Sold Debt \$ \$ 6,000,000.00 ☐ Common ☑ Preferred Partnership Interests.....\$_____\$ Answer also in Appendix, Column 3, if filing under ULOE. 2. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero." Aggregate Dollar Amount Number of Purchases Investors Accredited Investors \$_6,000,000.00 Non-accredited Investors Total (for filings under Rule 504 only)..... Answer also in Appendix, Column 4, if filing under ULOE. 3. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1. Type of Dollar Amount Type of Offering Security Sold Rule 505..... Regulation A Rule 504..... Total a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. Transfer Agent's Fees.... Printing and Engraving Costs.... Legal Fees **№** \$ 100,000.00 Accounting Fees Engineering Fees Sales and Commissions (specify finders' fees separately)..... _____. Other Expenses (identify) Total **E** \$__ 100,000.00

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

b. Enter the difference between the agg tion 1 and total expenses furnished in resp the "adjusted gross proceeds to the issuer."	·	C - Ques- ference is	\$ <u>6,400,000.00</u>
Indicate below the amount of the adjusted used for each of the purposes shown. If the estimate and check the box to the left of the equal the adjusted gross proceeds to the is above.	he amount for any purpose is not known, the estimate. The total of the payments li	furnish an sted must	
		Payments to Officers, Directors, & Affiliates	Payments to Others
			□ \$
	of machinery and equipment	_	D \$
	s and facilities	_	D \$
	ing the value of securities involved in the		<u> </u>
that may be used in exchange for the	assets or securities of another issuer pu	rsuant to a	\$
Repayment of indebtedness		\$	 \$
Working capital and general corporate pur	rposes	\$	E \$ 6,400,000.00
Other (specify):		\$	S
Column Totals		\$	5 \$ 6,400,000.00
Total Payments Listed (column totals ad	ded)	<u>pa</u> \$ <u>·</u>	,400,000.00
	D. FEDERAL SIGNATURE		
e issuer has duly caused this notice to be signowing signature constitutes an undertaking est of its staff, the information furnished by the	by the issuer to furnish to the U.S. Secur	rities and Exchange Commission	upon written re-
uer (Print or Type) egrated Memory Logic, Inc.	Signature	Dai Jan	e nuary 27, 2005
me of Signer (Print or Type) er Cohn	Title of Signer (Print or Type) Secretary)	# 3
·			